

Telling the World About Measles

Case History in Government Information

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IN October 1962 representatives of the Columbia Broadcasting System called at the headquarters office of the Public Health Service to advise us that CBS was planning a television documentary on measles.

Throughout the year, there had been wide speculation about the impending licensure by the Federal Government of a long-anticipated vaccine to prevent measles. CBS, with commendable foresight, aimed to be ready with its show on or about the date of licensing. The proposed program was to trace the history of the disease, assess its significance, and, in as dramatic a fashion as possible, chart the development of the vaccine. Because the network naturally hoped to be first with the most of the news, the question of when the vaccine would be ready was crucial to the timing of the program.

With any subject of news interest, it is incumbent on a government information office to see that all competitive news media (newspapers, radio and television, magazines, and the specialized press) receive fair and equitable treatment. No one reporter should be given exclusive access to a story of general interest; the information should be available to all who seek it at the time it is available. This is the only way of insuring that information of general public interest, on which public action may be based, receives broad coverage.

The request from CBS for assistance was honored as a matter of course, but without any

promise of preferential treatment. Over the next several weeks, the CBS writer-editor was given access to all sources of information within the Public Health Service so that he became completely familiar with the subject.

It became evident in late February 1963 that licensure was imminent. We in the information office did not know the exact date and did not wish to know until we could reveal it. Even had we known, it would have been improper for us to give this information preferentially to CBS or any other medium that prepares copy weeks and months ahead of the release date. Such are the scheduling requirements of national networks, however, that CBS needed to have at least an approximate idea of when licensing could be expected.

In mid-February the quarterly Magazine Memo issued to writers and editors by the Service said that the licensing would be "soon." Reporters and editors, who had been following the developments on the measles vaccine, were equally eager to know the precise time of licensing. Eventually, many of them dug up enough bits of information on their own to report in early March that licensure probably would take place within the month. On the basis of these reasonably educated guesses, it became possible to recommend to CBS a time both for taping the show and for actual broadcast.

We accordingly agreed on a date of March 16 for the filming, with Sunday, March 24, as the air time. When the show was taped in studio 61 in New York City, we still did not know the date of the actual licensing. The solution: two versions were made—one on the presumption that licensure already had taken place and the other that it was imminent. As it turned out,

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the announcement was made by Secretary of Health, Education, and Welfare Anthony J. Celebrezze on March 21, so version one was shown 3 days later.

This brief glimpse of one aspect of how CBS's successful "The Taming of a Virus" came into being illustrates how news sometimes must be managed. "Management of the news" is an epithet. It implies, of course, a sinister attempt to manipulate public opinion. But as Walter Lippmann has pointed out, there is in fact little news that is not managed, and managed several times over.

"Because raw facts are indigestible, news has to be and will be managed," he wrote. "It will be selected, played up or played down, clarified, sometimes obfuscated, emphasized—sometimes for good reasons, sometimes for bad reasons, sometimes for no reason at all." To put it another way, "What's a managing editor for?"

In our society, there is no doubt that attempts continually are made to shape or package the news in one way or another. And these attempts are not infrequently successful. We would maintain, as with the measles vaccine, that managing the news is often necessary, legitimate, and ethically responsible.

Although the question posed by CBS related specifically to timing, it boiled down to a much more basic consideration: how the story of the measles vaccine, in fact, could be "managed" to reach as wide an audience as possible on a matter of importance to people everywhere. In a democracy it can be argued that the people's right to know is less consequential than their need to know if they are to reach decisions on questions of social importance or, as in this instance, on action affecting their children's health. A national network TV show, quite obviously, offered an avenue of mass communication we did not wish to forfeit.

Public announcements of this sort, however, involve much more than a television documentary, no matter how well conceived and expertly handled by the producers. The Public Health Service has the duty of informing not only the general public through press, magazines, radio, and TV, but the health professions, State health departments, and the many agencies which have a stake in the development and use of health information. Since the announcement of the

measles vaccines concerned nearly all of these audiences, it is worth noting how this major news story was handled.

Composition and distribution of the public announcement was the first order of business. As background for this news the Service began, late in January, to prepare a statement which would briefly sum up what was known about measles and the two measles vaccines then being tested, the importance of measles to public health, its incidence and mortality rate, typical and extreme consequences of the illness, discovery and field trials of the vaccines, dosage recommendations, and so on. All of this material was carefully checked by experts in the Division of Biologics Standards, the Communicable Disease Center, and other programs of the Service.

Because many people regard measles as basically a disease of childhood, to be endured and often welcomed as a guarantee of lifetime immunity, it was necessary to stress that measles and its consequences are far from trivial. With more than 400 deaths annually in the United States and aftereffects ranging from serious mental crippling to deafness and other defects, it is a major health hazard. Another point was the much more serious health threat that measles poses in the developing nations—in Africa and Latin America, where childhood mortality from the disease ranges from 25 to 50 percent. To hammer home this point, we cited the Public Health Service accomplishment in Upper Volta, West Africa, where experimental use of the vaccine, provided by Merck Sharp & Dohme, resulted in more than 700,000 vaccinations, saving the lives of many thousands of children.

The second task, preparation of the licensure announcement, involved exchange of information between the manufacturers and the Service, advance notification of interested members of the Executive Branch and members of the Congress, and, in this instance, with the public relations offices of Merck Sharp & Dohme and Pfizer, Ltd., the two licensees and developers, respectively, of the live, attenuated and the killed vaccines. This collaboration began with the CBS program and was undertaken with scrupulous regard on the part of the drug manufacturers' representatives for the problems we

faced, among them the necessity to withhold the time of the announcement.

Third, there was the planning and execution of a press conference to announce the licensing, with advance notification to the medical and health professions, the general press, and the specialized press. Fourth, there was the post-announcement period of followup activities to make sure that we had been as comprehensive as possible in informing all who should have been informed about this medical advance.

From the standpoint of planning, it would have been much easier if these various operations had come in time sequence. Instead it was necessary to consider each simultaneously as part of a general scheme. With such government announcements, these are normal operating conditions.

A meeting of the Surgeon General's Ad Hoc Advisory Committee on Measles Control on February 25 provided a stage for informing physicians and public health officials for whom the announcement was of immediate, workaday concern. Arrangments were made by the Public Health Service's Communicable Disease Center for the committee's technical report on the vaccines to be published in two professional journals, the *Newsletter* of the American Academy of Pediatrics and the *Journal of the American Medical Association*, in order to reach the bulk of practitioners. Again, with foreknowledge of the imminence of licensure, we were able to give some thought to the timing of these publications. Like magazines and radio-television programs, professional journals also are put together well in advance of actual release dates. Again, we had to hazard a guess. A late March date was suggested to both organizations as appropriate for publication.

By the time work on the measles background statement and the public announcement was completed, all that was missing was the final date of licensure.

Before licensing a biologic or pharmaceutical for commercial production, final regulations governing its manufacture must be published in the *Federal Register*, a daily supplement to the *Code of Federal Regulations*. The regulations governing the manufacture of measles vaccines were developed by the Division of Biologics Standards at the National Institutes of

Health and approved by the Surgeon General of the Public Health Service and the Secretary of Health, Education, and Welfare. These regulations were published in the *Register* on March 19 to become effective immediately. Because of the previous widespread interest in the measles vaccines, it was clear that there would be intense press interest in this penultimate step to their licensing. Therefore, the dispatch of the regulations to the *Federal Register* was announced in a press release that explained the meaning of this step. Many newspapers and radio and television gave this story wide coverage, as was expected.

Finally, on March 21, the press release on the licensure itself was issued by Secretary Celebrezze. Simultaneously, it was announced that Surgeon General Luther L. Terry would hold a press conference to answer queries about the announcement. The conference was held on the afternoon of March 21 with today's usual accompaniment of cameras and spotlights. For an hour and a half, Dr. Terry and members of his staff answered questions from some 25 members of the general and specialized press who attended. That evening and the next morning, the papers and spot news radio-television programs gave the story thorough and informed attention.

With the departure of the captains and kings of the press, there remained the inconspicuous, inevitable, and necessary post-announcement job of followup—replies to inquiries and the further dissemination of information to magazines, special-interest groups, and individuals.

The importance of the measles vaccines justified a special effort to inform the medical profession as well as hospitals and clinics. A direct channel for the information was needed because the subject matter is technical and complex, raising questions of dosage which call for informed professional judgment. In the week following the licensure announcement, therefore, we mailed out to 125,000 physicians, 5,000 hospitals, and all major U.S. clinics a technical report from the Surgeon General advising on dosage, possible side effects, duration of immunity, and so on. This report incorporated the findings and recommendations of the Ad Hoc Advisory Committee on Measles Control. To sustain the flow of information to the public,

Dr. Terry's report on the status of the measles vaccines was also sent to women's and general interest magazines whose stories on the vaccines would be carried through the summer and in the fall. Further, the Service obtained from CBS a number of prints of "The Taming of a Virus" show and announced their availability to all States and other interested exhibitors. To cope with the hundreds of inquiries, we prepared letters and leaflets as stock replies, but always with the knowledge that changes are likely to render current information obsolete.

An announcement as essentially dramatic and immediately newsworthy as the development of a new vaccine does not often come to us in the Public Health Service or to other health agencies. Nor are we always forewarned—from within and from without through the alertness of science writers—on the imminence of such a story.

In this case history of the measles announcement, we had the advantage of thought, planning, and imagination on the part of a major network, many officials in various parts of the Service, the pharmaceutical industry, and others. We had, in brief, the interested and active cooperation of many persons who recognized that the timing, form, and distribution of the announcement of the measles vaccine was a matter of major public concern, and all con-

cerned responded in a conscientious and responsible manner.

Such cooperation is not inevitable. Although many, whether in government or out, give lip service to the concept of public information, their hearts aren't necessarily in it. A reluctance to be heard is perhaps more characteristic of health agencies than other organizations. For the healthy conservatism of their scientists and physicians is amplified by a suspicion not altogether invalid—that no information to the public can sometimes be better than misunderstanding. However, with the conclusion widely accepted that the announcement of the licensure of the measles vaccine was indeed of major concern to the public, calling for strong public response, the rest followed.

The concept of the people's right to know has been widely accepted since the early days of our democracy. Equally venerable is Thomas Jefferson's policy that the people also need to know if citizens are to make sound decisions on questions of community and personal consequence. This brief history of how the Public Health Service, the drug industry, and the communications media worked together suggests that in order to accomplish these two purposes considerable "managing of the news" was necessary—and perhaps even desirable.

VD Case Reporting

A national survey by the American Social Health Association on venereal diseases treated by physicians in private practice during the 3-month period April-June 1962 revealed that U.S. private physicians reported only 11.3 percent of infectious syphilis cases to health authorities and only 10.8 percent of gonorrhea cases. In Pennsylvania, one of the States with a law requiring doctors to report cases to public health departments, only 5.5 percent of the infectious syphilis cases and 3.7 percent of the gonorrhea cases were reported. In 4 of the 30 largest cities, Columbus, Ohio, Memphis, Tenn., and Dallas and San Antonio, Tex., doctors did

not report any cases of primary or secondary syphilis.

Of 17 million hospital serologic specimens tested in the United States in 1961, one-half million were reactive for syphilis, according to a 1962 survey by the American Hospital Association. However, of the 6,424 respondent hospitals, only 5,047 reported all reactive serologic tests for syphilis to their health departments. In 3,699 of the hospitals all adult inpatients were given serologic tests for syphilis routinely. Darkfield examinations for syphilis were performed in 1,917 of the hospitals.